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**Department of the Treasury**  
**Federal Law Enforcement Agencies**  
**PROCESS RECEIPT AND RETURN**

AT SEATTLE  
 CLERK U.S. DISTRICT COURT  
 WESTERN DISTRICT OF WASHINGTON DEPUTY  
 BY

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>CR06-0466TSZ</b>
DEFENDANT <b>DAVID R. MENDOZA</b>		TYPE OF PROCESS <b>Record Final Order of Forfeiture</b>
SERVE  AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE <b>Pierce County Recorder's Office</b> ADDRESS (Street or RFD, Apartment No., City, State and Zip Code)	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	NUMBER OF PROCESS TO BE SERVED IN THIS CASE	
<b>UNITED STATES ATTORNEY'S OFFICE</b> <b>RICHARD E. COHEN, AUSA</b> <b>700 STEWART STREET, SUITE 5220</b> <b>SEATTLE, WASHINGTON 98101-1271</b>	NUMBER OF PARTIES TO BE SERVED IN THIS CASE	
	CHECK BOX IF SERVICE IS ON USA	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Includes Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service)

Please record the attached Final Order of Forfeiture with the Pierce County Recorders Office. Thank you.

Signature of Attorney or other Originator requesting service on behalf of  <i>MEG POLLOCK</i>	PLAINTIFF <input checked="" type="checkbox"/> JPB DEFENDANT	TELEPHONE NO. <b>206/553-2242</b>	DATE <b>4/25/11</b>
Richard E. Cohen, Assistant U.S. Attorney			

SIGNATURE AND DATE OF PERSON ACCEPTING PROCESS

SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the total number Of process indicated	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>Meg Pollock SA HSI</i>
DATE <b>5/4/2011</b>			

I HEREBY CERTIFY AND RETURN THAT I PERSONALLY SERVED, HAVE LEGAL EVIDENCE OF SERVICE, HAVE EXECUTED AS SHOWN IN "REMARKS", THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW  
*Meg Pollock SA HSI*

I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC NAMED ABOVE.

NAME & TITLE OF INDIVIDUAL SERVED IF NOT SHOWN ABOVE:	A person of suitable age and discretion then residing in the defendant's usual place of abode.		
ADDRESS: (Complete only if different than shown above)	DATE OF SERVICE <b>5/4/2011</b>	TIME OF SERVICE AM <b>12:49</b>	PM
	SIGNATURE, TITLE AND TREASURY AGENCY <i>Meg Pollock SA HSI</i>		

REMARKS:  <i>201105040303</i> <i>RECORDING NUMBER</i>	
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